

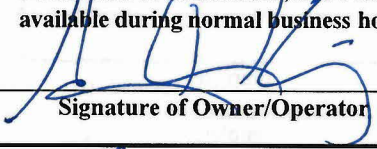

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #																													
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled																																
II. Facility Description Building Name: <u>US SALT</u> Address: <u>3580 SALT POINT ROAD</u> City: <u>WATKINS GLENN</u> State: <u>NY</u> Zip Code: <u>14891</u> County: <u>SCHUYLER</u> Site Location: <u>ENGINE ROOM</u> Building Size (square feet): <u>800000</u> # of Floors: <u>2</u> Age in Years: <u>60</u> Present Use: <u>INDUSTRIAL</u> Prior Use: <u>INDUSTRIAL</u>																																
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
V. Facility Information Owner Name: <u>US SALT</u> Address: <u>3580 SALT POINT ROAD</u> City: <u>WATKINS GLENN</u> State: <u>NY</u> Zip Code: <u>14891</u> Contact: <u>SHAWN BARBER</u> Telephone: <u>(607) 535-2067</u> Fax: _____ Removal Contractor Name: <u>KBH ENVIRONMENTAL, LLC</u> Address: <u>88 W. RIVER ROAD</u> City: <u>SCOTTSVILLE</u> State: <u>NY</u> Zip Code: <u>14546</u> Contact: <u>JOHN COLEMAN</u> Telephone: <u>(585) 889-1135</u> Fax: <u>(585) 889-6018</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																																
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>SURVEY PER NYS ICR -56</u>																																
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">12</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">334</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	12					Surface Area (square feet)	334					Facility Components (cubic feet)					
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>04/16/16</u> Complete: <u>04/30/16</u>																																
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>03/21/16</u> Complete: <u>04/15/16</u>																																
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																									
Hours of Operation:	0730-1530	0730-1530	0730-1530	0730-1530	0730-1530																											

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	REMOVAL OF STEAM PIPE COVERING.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	PER NYS ICR 56		
XII.	Waste Transporter #1	Name: <u>SILVAROLE TRUCKING</u> Address: <u>85 SILVAROLE DRIVE</u> City: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14623</u> Contact: <u>BILL SILVAROLE</u> Telephone: <u>(585) 272-0741</u>		
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>HIGH ACRES LANDFILL</u> Address: <u>425 PERINTON PARKWAY</u> City: <u>FAIRPORT</u> State: <u>NY</u> Zip Code: <u>14550</u> Contact: <u>SUE ROSSI</u> Telephone: <u>(585) 223-6132</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	PER NYS ICR 56		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.			
	 _____ Signature of Owner/Operator	03/14/16 _____ Date	HEATHER KING -ENV. COORD. _____ Type or Print Name and Title	
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.			
	 _____ Signature of Owner/Operator	03/14/16 _____ Date	HEATHER KING- ENV.COORD. _____ Type or Print Name and Title	